

# **Independent Healthcare Inspection Unannounced**

The Vale Hospital – Nuffield  
Health

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of The Vale Hospital on 23 and 24 November 2021.

Our team, for the inspection comprised of two HIW inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

We found evidence that the service provided safe and effective care.

Patients who participated in the inspection expressed satisfaction with the care and treatment received.

Patients' care needs had been assessed by staff, and staff monitored patients to promote their well-being and safety.

We found good management and leadership in the hospital with staff commenting positively on the support that they received from the management team.

We found some evidence that the service was not fully compliant with all regulations in all areas. These are identified within the main report.

This is what we found the service did well:

- Good staff and patient engagement
- Welcoming environment
- Provision of food and drinks
- Comprehensive policies and procedures
- Multidisciplinary approach to provision of care
- Management overview, auditing and reporting.

This is what we recommend the service could improve:

- Some aspects of infection prevention and control
- Some aspects of medication management

We identified regulatory breaches during this inspection regarding medication management. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the

registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### Background of the service

The Vale Hospital is operated by Nuffield Health, which is a not for profit organisation. The service was first registered with HIW in 2008.

The hospital provides a range of diagnostic tests and consultations, surgery, treatments and therapies which are set out in the hospital's statement of purpose document.

Facilities include operating theatres, 11 consulting rooms, four physiotherapy rooms and two pre-assessment rooms, point of care testing room, diagnostic services and a 25 bedded ward area (set out as individual rooms with en-suites), together with two beds in a designated Close Monitoring Unit (CMU).

The hospital has two operating theatres, and a diagnostic imaging suite providing X-ray and ultrasound services. The theatres and diagnostic imaging services did not form part of this inspection.

The service employs a staff team of nurses, theatre practitioners, healthcare support workers, cleaning and catering staff and a range of administrative and other support staff. Consultants work under a Practising Privileges<sup>1</sup> arrangement specialising in various treatments.

The staff team is led by a Hospital Director (who is also the registered manager), and a Responsible Individual.

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<sup>1</sup> The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

Medical cover is provided by a resident medical officer (RMO)<sup>2</sup>, on a 24 hour, seven day a week, basis. The RMO is contracted by Nuffield Health to work at The Vale Hospital via a centrally held contract with an external agency.

The Vale Hospital does not provide emergency care.

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<sup>2</sup> The Resident Medical Officer (RMO) plays a crucial role within the Independent Healthcare Sector. With consultants working as Independent Practitioners, the hospital is dependent upon the presence of the RMO to provide continuous qualified patient care.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

The vast majority of patients who participated in the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a calm, dignified and respectful manner.

We found that the environment, both inside and outside, was of a high standard. The interior of the hospital was well furnished and decorated to a high standard.

Patients commented positively on the quality of the food provided and noted that there was a good choice available.

During the inspection, HIW issued both online and paper surveys to obtain the views of patients on the care offered at the hospital. In total, we received 13 responses.

The majority of respondents rated the overall experience of the service as very good. Comments included:

*"It has been excellent service, could not have wished for more."*

*"All top notch and professional from the moment I arrived."*

*"I had the most professional and caring service from my anaesthetist, the consultant, [NAME] in recovery and [the] healthcare specialist"*

*"Excellent staff, covering all departments I came into contact with"*

## Health promotion, protection and improvement

We saw that there were measures in place to promote the health and wellbeing of patients.

Patients had access to health promotion information and advice on topics such as healthy eating and smoking cessation.

There was information posted on notice boards throughout the hospital regarding infection control and how to prevent the spread of germs and infection. These included clear and easy to read instructions on effective handwashing.

Treatment specific information was available in leaflet and booklet form on a display stand in reception.

### **Dignity and respect**

We found that patients were treated with dignity, respect and compassion by the staff team.

We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients we spoke with during the inspection told us that staff were very professional, discreet, kind, respectful and courteous. All of the patients who completed the online survey, told us that they had been treated with dignity and respect by the staff at the hospital.

All the patients who completed the questionnaire said that they were listened to by staff during their appointment and were able to speak to staff about their procedure or treatment without being overheard by other people.

We saw consultations with patients taking place in private, behind a closed door, so that they could not be overheard.

We saw a staff member introducing themselves to a patient and explaining to them what they were doing. The staff member spoke in a friendly and compassionate manner. The staff member also reassured the patient and advised them of what would be happening next.

We saw another staff member speaking to patient regarding their discharge home. The staff member was polite and understanding of patient's eagerness to go home whilst providing full explanation and instructions of what to expect following discharge.

Patients told us that staff were very friendly, kind, polite, supportive and helpful.

### **Patient information and consent**

We saw that there was a wide range of information available to patients in the form of leaflets, booklets and posters.

Patients confirmed that pre-op treatment and care discussions had taken place and that they had been provided with information leaflets.

All patients who completed the questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received enough information to understand what treatment was available, and the risks and benefits of the treatment options.

The majority of patients who participated in the inspection told us that the cost of treatment was made clear before they received that treatment.

All of the patients told us that they had completed a medical history form or had their medical history checked before undertaking any treatment, and that they had been given information on how to care for themselves following their treatment.

We found that formal arrangements were in place to gain patients' consent to undergo treatment.

Patient at a glance information boards are not used at the hospital. However a board listing admissions and discharges was located in the nurses' station. This board did not include patients' full names for confidentiality reasons.

### **Communicating effectively**

Throughout the inspection we observed staff talking to patients and each other in a respectful manner.

We were told that the organisation was in the process of increasing the availability of signage and literature through the medium of Welsh within the hospital. We suggested that they consider the needs of the visually impaired as part of this work.

We were also told that translation services were available for patients who wished to communicate in languages other than English.

Nearly all of the patients who completed the questionnaire told us that their preferred language was English.

All of the patients who completed the questionnaire said that they were able to communicate with staff in their preferred language and that healthcare information was available in their preferred language.

Patients spoken with during the inspection told us that staff responded promptly and kindly and that any queries were answered.

A hearing loop<sup>3</sup> was available at the reception desk.

### Care planning and provision

We found that there was a multidisciplinary approach to planning care and treatment that involved the patient, consultant, RMO, anaesthetist, nurses, physiotherapists and pharmacists.

We reviewed five patient care files and found the quality of the records to be good. Hand written records were legible and contemporaneous.

We found evidence that comprehensive assessments were being undertaken prior to admission and that these were being reviewed and updated as necessary.

There were very good discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, prior to leaving the hospital. Patients were also provided with a 'going home' booklet containing useful information about the recovery process, self-care and what to do if they experienced any post-operative issues.

### Equality, diversity and human rights

We saw that staff provided care in a way that promoted and protected patients' rights.

We saw staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms rooms were closed when care was being delivered and when consultations were taking place.

Staff we spoke with were aware of Deprivation of Liberty Safeguards (DoLS).

All of the patients who completed the questionnaire told us they felt they could access the right healthcare at the right time (regardless of Age, Disability, Gender

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<sup>3</sup> A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids. The hearing loop provides a magnetic, wireless signal that is picked up by the hearing aid.

reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation).

Visiting was restricted at the time of the inspection due to the pandemic. However, we were told that if patients required family support because of specific conditions, such as dementia, or if a patient were to become unwell, then their relatives would be able to stay at the hospital with their family member. In any event, this would only be allowed as long as the family member had tested negative for COVID-19.

### **Citizen engagement and feedback**

We saw evidence of robust systems in place to audit and review the service provided. Patients told us that they were encouraged to complete a satisfaction survey following treatment at the hospital.

All completed patient satisfaction surveys are evaluated by the organisation and all feedback was welcomed (both positive and negative). The key ethos of the hospital is to achieve continuous improvement and learning in order to provide patients with a high quality seamless experience.

'Your Opinion Matters' booklets were available explaining how patients/visitors can provide feedback. The booklets also provide details of the feedback process and gives timescales for each step.

Patients are also made aware of the process to follow in order to raise any concerns / complaints. This is referred to in the statement of purpose, patient information folder and on the hospital's website. These arrangements were consistent with regulations and standards.

We were told that the number of complaints received about the service was very low and that the aim was to resolve issues at source and as quickly as possible in order to prevent escalation.

All complaints were recorded and audited and thoroughly investigated using a root cause analysis<sup>4</sup> approach. Learning points were highlighted and communicated to staff in order to prevent reoccurrence.

We did not see any prominent signage or posters encouraging feedback from patients or their families. It would be beneficial to display such information to enable robust feedback which could support in identifying changes that could improve the service or patient experience.

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<sup>4</sup> Root cause analysis (RCA) is defined as a collective term that describes a wide range of approaches, tools and techniques used to uncover causes of problems.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found that the staff team were committed to providing patients with safe and effective care.

Patients' care needs had been assessed by staff and staff monitored patients to promote their well-being and safety.

The hospital was clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place. However, we found that not all staff were following correct processes when administering medication.

## Managing risk and health and safety

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients, staff and visitors.

During our visit we identified that environmental hazards had been identified and considered in a comprehensive manner. Policies, procedures and processes had been implemented to reduce environmental risks. Cleaning products were stored safely and securely.

The RMO, based on site, reported any changes in a patient's condition to the responsible consultant, and together with the nursing team provided 24 hour medical support to patients.

We found that the risk of falls was being managed appropriately with robust assessment and reporting processes in place.

Staff were aware of the process for reporting patient incidents and accidents. The hospital utilised the DATIX<sup>5</sup> system to report incidents. Records of the incidents were viewed which showed that all incidents, accidents and near misses were recorded and investigated appropriately. Records were detailed and structured in a methodical manner. Any lessons learnt from the investigation were shared with staff to prevent recurrence and promote safe and effective practice.

The hospital had established lines of accountability within the governance structure to escalate risks.

The hospital had resuscitation trolleys which were used in the event of a patient becoming unwell. These trolleys were regularly checked to ensure that they could be used in an emergency situation.

Staff had received basic life support training and several members of the team had also received advanced life support training.

### **Infection prevention and control (IPC) and decontamination**

All areas viewed during the inspection were found to be generally clean and well maintained. However, we did note that a chair in examination room 3 was worn and some of the chairs in the waiting areas were showing signs of wear.

All the patients who completed the questionnaire told us that the hospital was very clean and that COVID-19 procedures were very evident during their time at the hospital.

Staff told us that the organisation has implemented the necessary environmental and practice changes in response to the COVID-19 pandemic. However, one staff member who completed the online survey commented that:

*“The changes were implemented but no longer enforced. Masks are consistently worn incorrectly by a number of both support and clinical staff (i.e noses uncovered)”*

The above staff comment was not reflective of what we observed during the inspection. We found that staff had access to, and were appropriately using, PPE

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<sup>5</sup> DATIX is an electronic incident reporting system

such as face masks, disposable gloves and aprons to reduce cross infection. However, the registered persons must continue to monitor the use of PPE to ensure that staff adhere to the guidance implemented in response to the COVID-19 pandemic.

We saw that there was a good supply of personal protective equipment (PPE) available to help prevent the spread of infection. Staff confirmed that there has been a sufficient supply of PPE throughout the pandemic and that there were decontamination arrangements for equipment and relevant areas.

There was a comprehensive infection control policy in place supported by detailed cleaning schedules and regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

We received the following comments from staff relating to infection prevention and control, management:

*“Strong C19 Protocols in place and adhered to at all times”*

*“Like lots of places PPE was a challenge at start of COVID-19 but we got a good supply because we were helping the NHS”*

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospital for staff and visitors to use, to reduce the risk of cross infection.

Staff were undertaking regular polymerase chain reaction (PCR) checks and patients were screened for COVID-19 prior to admission.

Staff were well informed regarding infection prevention and control practices. They were fully informed of hand hygiene requirements and infection prevention control requirements. Information pertaining to infection prevention was freely available.

During the course of the inspection we observed good handwashing compliance by all grades of staff.

We saw that all equipment was being cleaned in between patient use. However, appropriate labels were not always being used to identify that equipment had been decontaminated.

### Improvement needed

The registered persons must ensure that:

- the chair in examination room 3 and those chairs showing signs of wear in the waiting areas are replaced
- appropriate labels are used to identify when equipment has been cleaned/decontaminated.

### Nutrition

On examination of a sample of patient care files, we saw that patients' eating and drinking needs had been assessed on admission to the hospital.

All of the patients who contributed to the inspection confirmed that they were satisfied with the quality, availability and freshness of the food provided.

Patients had access to fluids with water bottles and other drinks readily available by the bedside.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

We observed lunchtime meals being served and saw staff providing encouragement and support to patients to eat independently.

All the meals were freshly prepared on site daily and looked well-presented and appetising. Patients told us that the food was very good.

We found an effective system in place to cater for individual patient dietary needs, with good communication between care and catering staff. Catering staff have face to face contact with patients to discuss their dietary preferences. They were very knowledgeable on dietary requirements linked to clinical conditions e.g. diabetes, and also demonstrated extensive knowledge of food allergens.

Nursing and care staff told us that they felt very well supported by the catering staff, who took the time to explain what was available to patients each mealtime.

We found that hand wipes were made available to patients prior to meals being served and bedside tables and other surfaces were regularly cleaned in order to reduce the risk of cross-infection.

### Medicines management

We found that there were comprehensive medication management policies and procedures in place. Staff were able to access policies and procedures electronically through the hospital's intranet.

We found medication storage arrangements to be safe and secure. Medication fridge temperatures are remotely monitored and the hospital director is informed if there are any issues.

Contracted pharmacists, attend the hospital for four hours a day, Monday to Friday, and are contactable by phone at other times. The hospital directly employs a full time pharmacy technician who is responsible for stock control and ordering of medication. The pharmacists undertake quarterly audits of the medication management processes within the hospital. The pharmacists also undertake daily ward rounds with the RMO. Any medication management issues are reported to the clinical lead during weekly medication management meetings.

We observed medication being administered to patients on the ward and found the process to be generally in line with medication management policies and procedures. We saw staff approaching the administration of medication activity in an unhurried way, taking time to ensure that patients were able to take their medication. However, we noted that the controlled drugs book was being signed by nursing staff before the medication had been given to the patient. This was in contravention of the hospital's controlled drugs policy

#### Improvement needed

The registered persons must ensure that staff adhere to the hospital's policy when administering controlled drugs.

### Safeguarding children and safeguarding vulnerable adults

The hospital has policies, procedures and processes in place in order to safeguard children and adults who may be at risk.

The hospital had a designated lead person for all safeguarding issues and details of this individual were clearly visible around the hospital.

Nursing staff had received the Level 2 and 3 training in relation to these subjects whilst healthcare support staff had received Level 1 training.

Staff spoken with demonstrated a good understanding of safeguarding principles and how to escalate any concerns in a safe and appropriate manner.

## **Blood management**

We were told that all blood transfusion products are supplied by the local health board as and when required and that the health board's pathology department have full responsibility for the ordering, storage and distribution of blood products.

We were told that there was good communication between the hospital and the health board's pathology department who will promptly notify the hospital, in advance of surgery, of any potential issues with the supply of blood products.

Staff told us that they have received training on the management of blood products by the NHS and that they receive regular guidance and updates. We were also told that staff received additional training when needed facilitated by the hospital's training lead and the NHS.

## **Medical devices, equipment and diagnostic systems**

The hospital had a range of medical devices and equipment available. We found that equipment was being tested on a regular basis to ensure that items remain safe to use.

We were told that any faults with equipment would be reported to the facilities/maintenance manager who would arrange for timely repair.

## **Safe and clinically effective care**

We found the delivery of care to be generally safe and effective.

There were a number of policies and procedures in place to support the delivery of services. The policies and procedures viewed during the inspection were found to be comprehensive and based on current clinical guidelines.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence. We also saw staff involving patients in making decisions regarding their care.

There was evidence of multidisciplinary working between the nursing and medical staff in the hospital.

Individual risk assessments were undertaken pre-admission and updated, as necessary, on admission. We saw that the documentation to support these assessments were complete and comprehensive.

The provision of care was person centred and clearly based on the specific and varying needs of the patients.

Staff spoken with had good understanding of sepsis<sup>6</sup> management and there was information available in leaflet form around the hospital to ensure this important condition was kept at the forefront of clinical practitioners' minds.

We found that pain was being managed appropriately with formal assessments undertaken, documented and reviewed regularly.

We were told that there were arrangements in place for consultants to provide supporting cover for each other if needed.

We found that there were policies and procedures in place to guide staff in the event of a patient becoming unwell and requiring additional care and support within a district general hospital.

We were also told that the patient assessment process should ensure that no high risk cases are treated at the hospital, thus reducing the risk of complications which may require high dependency or intensive care support. However, should a patient need to be transferred out to another hospital due to increased clinical need then there was a clear and formal process in place. A root cause analysis would be completed following any such incidents.

We found that there were robust discharge arrangements in place reflected in a formal discharge checklist. Discharge planning is considered during the pre-admission assessment and as previously mentioned, patients were provided with a 'going home' booklet containing useful information about the recovery process, self-care and what to do if they experienced any post-operative issues.

### **Participating in quality improvement activities**

The hospital actively encouraged patients to complete a satisfaction survey during, or after, their visits. Feedback from patient surveys was considered on a national, local and departmental level with view to continually improving the service provided.

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<sup>6</sup> Sepsis is a life-threatening reaction to an infection. It happens when the immune system overreacts to an infection and starts to damage the body's own tissues and organs.

## **Information management and communications technology**

We were able to confirm that the registered provider had suitable arrangements in place for information governance and confidentiality purposes.

## **Records management**

We saw documented evidence to show that patients' records were audited regularly in order to ensure good standards were maintained.

Patients' care notes were stored in locked trolleys for security and to maintain confidentiality.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

We found good management and leadership within the hospital, with staff commenting positively on the support that they received from the management team.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

Senior nurses and other managers were working diligently in order to promote the safe and effective care and treatment of patients attending the department.

## Governance and accountability framework

We found that there were well defined and established systems and processes in place to ensure that the organisation focussed on continuously improving the service. This was, in part, achieved through a rolling programme of audit and effective governance structures which enabled nominated members of staff to meet regularly, to discuss clinical outcomes associated with the delivery of patient care and more general service delivery issues.

During discussions with staff, we were told that there was generally good communication within the hospital and wider organisation and good informal, day to day staff supervision and support processes in place.

Key staff from the hospital and other managers from within the wider organisation met at 10.00am every day to discuss service delivery and any emerging issues.

## **Dealing with concerns and managing incidents**

We found that there were robust systems and processes in place to manage concerns and incidents.

As previously mentioned, patients are made aware of the process to follow in order to raise any concerns / complaints. This is referred to in the statement of purpose, patient information folder and on the hospital's website.

We spoke with the member of staff with lead responsibility for complaints/concerns management who told us that the aim of the organisation is to resolve complaints as close to source and as soon as possible. Every effort is made to meet with complainant, face to face, to discuss their concern. Where this is not possible then discussions take place over the phone. Complaints are discussed at the daily huddle meeting and formally reported on a monthly basis under the organisation's governance arrangements.

We reviewed a sample of complaints records, which demonstrated that complaints were investigated in a timely and methodical manner. We saw that appropriate responses were given to patients and the organisation was committed to learning lessons from any concerns/complaints in order to improve the service. Learning from complaints was cascaded to all relevant staff during meetings to raise awareness, improve the service provision and promote the optimum patient experience.

As previously mentioned, the hospital utilised the DATIX system to report incidents. All incidents, accidents and near misses were recorded and investigated appropriately.

## **Workforce planning, training and organisational development**

We found a friendly, professional staff team within the hospital who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and were knowledgeable about the care needs of patients they were responsible for.

Staff recruitment is managed by the hospital's human resources department following the organisation's recruitment policy and procedures. We were told that staff recruitment is an ongoing process and that the hospital has had some success recently in recruiting eight overseas staff.

We were told that agency staff are sometimes used to cover vacancies and that every effort is made to secure the services of the same staff where possible to ensure the continuity of care and that staff are familiar with the service.

New staff and any agency staff, who have not previously worked at the hospital, are expected to complete a period of formal induction and are provided with a new starter induction pack and induction checklist. The documentation seen during the inspection showed the staff induction process to be comprehensive. However, one staff member mentioned that staff induction needs to be undertaken in a more timely way and over a shorter period of time.

Staffing levels within the hospital are determined following an assessment using a safer nursing care tool<sup>7</sup>. Staff told us that the organisation responded positively when staffing levels need to be increased due to changes in patients' needs.

Patients and staff told us that the hospital was sufficiently staffed. The staff rotas inspected showed that there were sufficient staff, with the appropriate skills and experience, on duty in order to provide safe and effective care to patients.

We inspected a sample of staff files and confirmed that staff had access to mandatory and other service specific training. We were provided with a copy of the hospital's staff training plan which was comprehensive and listed the subjects covered, completion dates and expiry dates. Mandatory training figures presented to us during the inspection showed good completion rates.

### **Workforce recruitment and employment practices**

We found recruitment practices to be robust. The process is managed by the human resources department who ensure that all necessary background checks are undertaken before a new member of staff commences employment.

We found that there were appropriate governance systems in place for the appointment of consultants, through the practicing privileges process, and for their continuing appraisal and revalidation.

We found that all staff have an annual appraisal. This is seen as a two way process, with objectives set and recorded.

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<sup>7</sup> A safe nursing care tool calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides chief nurses in their safe staffing decisions.

We were told that additional support had been provided for staff during the pandemic which included the appointment of mental health first aiders and the provision of a quiet space for staff to have some time away from the clinical area.

HIW issued an online survey to obtain staff views on the service provided at the hospital and the support and training that they receive. In total, we received 17 responses.

## **Training**

All the staff who completed the online survey told us that they had received training in health and safety, fire safety and awareness, infection control and safeguarding.

Two thirds of staff told us that they had received training in de-escalation, dementia/delirium and privacy and dignity.

The majority of staff told us that they had received training in Paediatric Life Support whilst two thirds had received training in advanced life support.

The majority of staff told us that they had received training in safeguarding and Mental Capacity Act/ Deprivation of Liberty Safeguards.

Two thirds of staff told us that they had received other training relevant to their area of work.

All the staff who completed the online survey told us that training helped them do their job more effectively, enabled them to stay up-to-date with professional requirements and helped them deliver a better patient experience.

All of the staff who completed online survey told us that they have had an annual review or appraisal within the last 12 months with just over half telling us that training, learning or development needs were identified as part of the appraisal process.

Nearly all respondents told us that their manager supported them in accessing training and development.

The majority of staff told us that they were able to meet all the conflicting demands on their time at work, that there were always enough staff to do their job properly and that they have adequate materials, supplies and equipment to do their work.

All staff members, who expressed an opinion, told us that infection prevention and control procedures were always followed.

All respondents told us that they were able to make suggestions to improve the work of their team/department.

All the staff who completed the online survey told us that patients' privacy and dignity is always maintained.

The majority of staff told us that they were involved in deciding on changes introduced that affect their work.

The majority of staff told us that they were satisfied with the quality of care they give to patients.

The majority of staff told us that patients or their relatives are involved in decisions about their care.

Nearly all respondents told us that patient independence is promoted.

All of the staff who completed the online survey told us that the organisation encourages teamwork and they would recommend their organisation as good place to work.

All respondents told us that front-line professionals, who deal directly with patients, are sufficiently empowered to speak up and take action if they identify issues in line with the requirements of their own professional conduct and competence.

The majority of staff told us that there was a culture of openness and learning within the organisation that supports staff to identify and solve problems.

All of the staff who completed the online survey told us that the organisation has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings.

All of the respondents told us that they were content with the efforts of the organisation to keep them/ patients safe.

Nearly all of the respondents agreed that care of patients is the organisation's top priority and that the organisation acts on concerns raised by patients.

Nearly all of the staff who completed the online survey told us that patient experience feedback was collected within their organisation.

Nearly all respondents told us that that they receive regular updates on patient experience feedback and that the information is used to make informed decisions within the organisation.

All respondents told us that they would be happy with the standard of care provided by their organisation for them or for their friends or family.

### **Immediate Manager**

All staff members who completed the online survey told us that their immediate manager encourages team working and that they could be counted on to help with a difficult task at work.

The majority of respondents told us that their immediate manager gives clear feedback on their work and ask for their opinion before making decisions that affect their work.

Nearly all respondents told us that their immediate manager is supportive in a personal crisis.

We received the following comments from staff about their immediate managers:

*“The ward manager always listens and addresses any concern. I have been on leadership training which has developed me. It has been busy the last few months - but we have been supported”*

*“Very supportive manager and always approachable”*

*“We have good support from managers and Nuffield well-being materials and helpline etc”*

*“Feedback is never constructive or positive, you only get feedback when you have made a mistake and this pointed out repeatedly, you never hear when you have done something well.”*

### **Senior Management**

Nearly all the staff who completed the online survey told us that they knew who senior managers were in their organisation.

The majority of staff told us that communication between senior management and staff is effective and that senior managers try to involve staff in important decisions.

The majority of respondents told us that senior managers act on staff feedback and that they are committed to patient care.

We received the following comments from staff about senior managers:

*“No communication from senior managers in respect of changes to ward environment”*

*“Managers very visible here”*

The majority of staff told us that their job is not detrimental to their health and that their immediate manager takes a positive interest in their health and well-being.

Nearly all respondents told us that the organisation takes positive action on health and well-being and that they are offered full support to help manage challenging situations and that they were aware of how to access Occupational Health support.

Nearly all respondents told us that their current working pattern allows for a good work life balance.

### **What happens when incidents and errors occur?**

The majority of staff told us that the organisation encourages them to report errors, near misses or incidents.

Three of the respondents said they had seen errors, near misses or incident in the last month.

Five of the respondents told us that the last time they saw an error, near miss or incident they or a colleague reported it, and two said they had not.

The majority of staff told us that the organisation treats staff who are involved in an error, near miss or incident fairly and that they deal with reports of errors, near misses or incidents confidentially.

Two thirds of respondents told us that the organisation does not blame or punish people who are involved in errors, near misses or incidents and that they take action to ensure that they do not happen again.

Two thirds of respondents told us that they are informed about errors, near misses and incidents that happen in the organisation and that they are given feedback about changes made in response to reported errors, near misses and incidents.

Nearly all respondents told us that, if they were concerned about unsafe clinical practice, they would know how to report it and that they would feel secure raising concerns about unsafe clinical practice.

Nearly all respondents told us that they were confident that their organisation would address their concerns.

We received the following comments from staff relating to errors, near misses and incidents:

*“I have seen very good root analysis done”*

*“In the main I am not sure we are made aware of any near misses from other departments and their outcomes/recommendations”*

*“We are always strongly encouraged to be open and honest about any errors/near misses with full support and encouragement given after the event to any lessons learned.”*

#### Improvement needed

The registered persons should review the staff responses to the online survey and consider whether further improvements can be made to the way that staff are supported.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

## Appendix B – Improvement plan

**Service:** The Vale Hospital

**Date of inspection:** 23 and 24 November 2021

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The registered persons must ensure that the chair in examination room 3 and those chairs showing signs of wear in the waiting areas are replaced	Independent Health Care (Wales) Regulations 2011	The Facilities Manager will carry out a site review of the chairs identified to be replaced and new chairs will be ordered. Any IPC risk chairs have been removed.	Facilities Manager	8 weeks
The registered persons must ensure that appropriate labels are used to identify when equipment has been cleaned/decontaminated.	Regulation 15. (7) and (8)  Standard 13. Infection prevention and control (IPC) and	Raise staff awareness of keep me clean stickers across all clinical areas. Continue with regular environmental and IPC audits.	Matron/IPC Lead	Actioned and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	decontamination			
The registered persons must ensure that staff adhere to the hospital's policy when administering controlled drugs.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a)  Standard 15. Medicines management	All staff have been reminded that the Controlled Drug book must be signed after the drug has been administered to the patient. To be raised at Medicines Management Committee as an action. Continue with Controlled Drug audits.	Matron	Actioned and ongoing
Quality of management and leadership				
The registered persons should review the staff responses to the online survey and consider whether further improvements can be made to the way that staff are supported.	Independent Health Care (Wales) Regulations 2011 Regulation 19. (1) (e)	Responses to be monitored. New staff survey portal launched 1 <sup>st</sup> February 2022.	Hospital Director	Actioned and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Standard 24. Workforce recruitment and employment practices			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Rob Thomas**

**Job role: Registered Manager**

**Date: 01.02.2022**